# FORM D



### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076
Expires:	
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hours per form	

**OMB APPROVAL** 

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Name of Offering			has changed, and i	ndicate change.)	112	14-182
Offering of Ordinar	y Shares of Meridian D	iversified Fund, Ltd.				13/00
		☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	ULOE
Type of Filing:	New Filing	Amendment			PRO	CCCCD
Offering of Ordinary Shares of Meridian Diversified Fund, Ltd.  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer						
1 Enter the inform	nation requested about t	he issuer			OCT	2 5 2006 /
Name of Issuer	check if this is an a	amendment and name	has changed, and ir	dicate change.	THO	MStin
Meridian Diversifie	d Fund, Ltd.				— FINA	MOUN
Address of Executiv	e Offices		(Number and Stre	et, City, State, Zip Co	ode) Telephone N	umber (including Area Code)
c/o Olympia Capita	ıl (Cayman) Limited, Wi	Iliams House, 20 Reid	Street, Hamilton I	IM 11, Bermuda		
Address of Principa	Offices (if different from	n Executive Offices)				umber (Including Area Code) 00
Type of Business O	□ corporation	<del></del> · · ·			_ "	•
		: (Enter two-letter U.S.	0 6 Postal Service Abb	o reviation for State;	1 🖾 A	

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5-05)

		A. BASIC ID	ENTIFICATION DATA	A	
<ul> <li>Each beneficial own</li> <li>Each executive office</li> </ul>	e issuer, if the iss ier having the pov er and director of	mer has been organized with	ect the vote or disposition o	of, 10% or more of ging partners of par	a class of equity securities of the issuer, the result is the issuer, and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, it	individual):	Lewnowski, Oskar P.			
Business or Residence Addr Hamilton HM 11, Bermuda	ess (Number and	Street, City, State, Zip Code	e): c/o Olympia Capit	al (Cayman) Lími	ted, Williams House, 20 Reid Street,
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer		General and/or Managing Partner
Full Name (Last name first, it	f individual):	Morrison, Raymond		· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addr Hamilton HM 11, Bermuda	ess (Number and	l Street, City, State, Zip Cod	e): c/o Olympia Capit	al (Cayman) Limi	ted, Williams House, 20 Reid Street,
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):	Lawrence, William H.			
Business or Residence Addr Floor, Albany, New York 12		Street, City, State, Zip Cod	e): c/o Meridian Capi	tal Partners, Inc.,	20 Corporate Woods Boulevard, 4th
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addr	ress (Number and	Street, City, State, Zip Cod	e):	<u> </u>	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	if individual):			· • • • • • • • • • • • • • • • • • • •	
Business or Residence Adda	ress (Number and	d Street, City, State, Zip Cod	le):		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	d Street, City, State, Zip Cod	le):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	d Street, City, State, Zip Coo	de):	<u>.                                    </u>	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):			-	
Business or Residence Add	ress (Number and	d Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							B. I	NFOKM	AHUN	ABOUT	UPPERI	11.0			
2. Which to thanse at the discretion of the Fund, but not below (U.S.) or such other amount as specified from time to time under Cavman Islands Taw.    3. Does the offering permit joint ownership of a single unit?		Answer also in Appendix, Column 2, if filing under ULOE.										_			
3. Does the offering permit joint ownership of a single unit?	2.	Wha	t is the mi	inimum inv	estment th	at will be	accepted f	rom any in	dividual?.						
4. Effect the Information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the officing. If a person to be listed is an associated person or again of a protein or belief in the officing. If a person of solicit is a broken or dealer. If more than the (2) persons of such a broken or dealer in shorted with the 3Cc and/or with a state or states, list the name of the troker or dealer. If more than the (2) persons of such with the 3Cc and/or with a state or states, list the name of the troker or dealer. If more than the (3) persons of such with the 3Cc and/or with a state or states, list the individual person of such a broker or dealer. If more than the (3) persons of such with the state or dealer only.    Full Name (Last name first, if individual)	<u>*Sut</u>	oject (	to change	e at the di	scretion c	of the Fun	<u>d, but not</u>	below (U	.S.) or suc	h other a	mount as	specified	from time	e to time ur	ider Cayman Islands law.
any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a preson to be listed is an associated person of a guid. In a state or states, list the name of the broker or dealer. If more than five (c) persons to be listed are associated persons of a guid. In a broker or dealer. If more than five (c) persons to be listed are associated persons of a guid. In a broker or dealer. If more than five (c) persons to be listed are associated persons of a guid. In a broker or dealer. If more than five (c) persons to be listed are associated persons of a guid. In a broker or dealer. If more than five (c) persons to be listed are associated persons of a guid. In a broker or dealer. If more than five (c) persons to be listed are associated persons of guid. In a broker or dealer. If more than five (c) persons to be listed are associated persons of guid. In a broker or dealer. If more than five (c) persons to be listed are associated persons of guid. In a broker or dealer. If more than five (c) persons to be listed are associated persons of guid. In a broker or dealer. If more than five (c) persons to be listed are associated persons of guid. If more than five (c) persons to be listed are associated persons or dealer. If more than five (c) persons to be listed are associated persons to be listed. In the dealer only.    All States	3.	Does the oriening permit joint ownership or a single drift:										□No			
Name of Associated Broker or Dealer   States in Which Person Listed Has Solicited or Intends to Solicit Purchasers   City State Zip Code	4.	any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
States   Which Person Listed Has Solicited or Intends to Solicit Purchasers   Check "All States" or check individual States   Check "All States" or check individual States   Check "All States"   Check "All States   Check "All States "Check "All States "Check "All States "Check	Full	Name	e (Last na	me first, if	individual)										
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check: "All States" or check individual States)	Busi	iness	or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Check * All States * or beck individual States * or Beater * or	Nan	ne of	Associate	d Broker o	or Dealer										
Check 'All States or Check Individual States   Check Address (Number and Street, City, State, Zip Code)   Check 'All States or Check Individual Street, City, State, Zip Code   Check 'All States or Check Individual Street, City, State, Zip Code   Check 'All States or Check Individual Street, City, State, Zip Code   Check 'All States or Check Individual Street, City, State, Zip Code   Check 'All States or Check Individual States   Check 'All States or Check 'All States 'or Check 'All St	State	es in '	Which Pe	rson Liste	d Has Solid	cited or Int	ends to So	olicit Purch	asers						☐ All States
		•		_								☐ [GA]	[HI]	[ID]	·
MT		-				_	_					☐ [MN]	[MS]	[OM]	
RI	_											[OK]		[PA]	
Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		-		_		-	[TU]	[VT]	[AV]	□ [WA]	[WV]	[WI]		□ [PR]	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check *All States* or check individual States)					individual	)		<del></del> -				<u>-</u>		<del></del>	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Bus	iness	or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Check "All States" or check individual States   Check "All States   Chec	Nan	ne of	Associate	d Broker o	or Dealer		-		_				·		
[AL]	Stat	tes in	Which Pe	erson Liste	d Has Soli	cited or In	tends to Se	olicit Purcl	nasers						All States
[IL]		•			[AR]	CA]	[CO]		☐ [DE]		[FL]		☐ [Hi]	[ID]	
MT												[MN]	[MS]		
RI			☐ [NE]	□ [NV]	[NH]	[NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	[PA]	
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)			[sc]	☐ [SD]		[XT]	[TU]		□ [VA]	□ [WA]		□ [WI]	[WY]	[PR]	<u></u> .
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	Full	Nam					.,				-	<del></del>	<del>_</del>		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers <ul> <li>(Check "All States" or check individual States)</li></ul>	Bus	siness	or Resid	ence Addr	ess (Numt	per and St	reet, City,	State, Zip	Code)						
(Check "All States" or check individual States)	Nar	ne of	Associate	ed Broker	or Dealer										
[AL]   [AK]   [AZ]   [AR]   [CA]   [CO]   [CT]   [DE]   [DC]   [FL]   [GA]   [HI]   [ID]   [ID]   [IL]   [IN]	Sta	tes in (Ch	Which Pe	erson Liste	d Has Sol heck indivi	icited or In	tends to S	olicit Purc	hasers				-		☐ All States
[MT]   [NE]   [NV]   [NH]   [NJ]   [NM]   [NY]   [NC]   [ND]   [OH]   [OK]   [OR]   [PA]		•	_									☐ [GA]			
Charles Charle		(IL)	□ [IN]	[AI]	🗌 [KS]		[LA]	[ME]	☐ [MD]	[MA]	☐ [MI]	☐ [MN]	☐ [MS]	[MO]	
		(MT)	□ [NE]	□ [NV]	[HN]	□ (NJ)	[MM]	∐ [NY]	☐ [NC]						
		[RI]	[sc]	[SD]	[MT]	[TX]			□ [VA]		□ [WV]	□ [WI]		☐ [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

box $\square$ and indicate in the columns below the amounts of the securities offered for exchange already exchanged.		Aggregate	А	mount Already
Type of Security		Offering Price		Sold
Debt	<u>\$</u>	0	<u> </u>	0
Equity	<u>\$</u>	1,000,000,000	. \$	242,846,421
Convertible Securities (including warrants)	<u>\$</u>	0	<u> </u>	0_
Partnership Interests	<u>\$</u>	0	<u> </u>	0
Other (Specify))	<u>\$</u>	0	<u>\$</u>	0
Total	\$	1,000,000,000	\$	242,846,421
Answer also in Appendix, Column 3, if filing under ULOE				
Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Aggregate Dollar Amount of Purchases
Accredited Investors		70	\$	242,846,421
Non-accredited Investors			- <u></u>	0
Total (for filings under Rule 504 only)			- <del></del>	0
Answer also in Appendix, Column 4, if filing under ULOE			_ <del></del>	
If this filing is for an offering under Rule 504 or 505, enter the information requested for all secretary sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.	urities the			
Type of Offering		Types of Security	١	Dollar Amount Sold
Rule 505		·	\$	n/a
Regulation A			_ <u>·</u> s	n/a
·		n/a	_ <u>-`</u> \$	n/a
Rule 504				n/a
Total	·········· <u> </u>	n/a	_	
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuance The information may be given as subject to future contingencies. If the amount of an expendit not known, furnish an estimate and check the box to the left of the estimate.	uer.			
Transfer Agent's Fees			\$	0
· · · · · · · · · · · · · · · · · · ·		<del></del> 1	\$	0
Printing and Engraving Costs	•••••	🗀	<u> </u>	
			\$	25,000
Printing and Engraving Costs		🔯	\$ \$	25,000 40,000
Printing and Engraving Costs  Legal Fees		🛚	\$ \$ \$	
Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees		🛭	\$ \$ \$ \$	40,000
Printing and Engraving Costs  Legal Fees  Accounting Fees		🛭 🗷	\$ \$ \$ \$	40,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EX	PENSES	AND US	E OF	PRO	CEED	S	
4	b. Enter the difference between the aggregate offering price given in response to Par Question 1 and total expenses furnished in response to Part C-Question 4.a. This differance adjusted gross proceeds to the issuer."	erence is the	e			<u>\$</u>		999,935,000
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, furn estimate and check the box to the left of the estimate. The total of the payments listed the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b	ish an must equal	Pa D	ayments Officers, irectors of Affiliates	8.			Payments to Others
	Salaries and fees		\$		-		\$	
	Purchase of real estate		\$				\$	
	Purchase, rental or leasing and installation of machinery and equipment		\$				\$	
	Construction or leasing of plant buildings and facilities		\$				<u>\$</u>	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another iss pursuant to a merger		\$				\$	
	Repayment of indebtedness		\$				\$	
	Working capital		\$			$\boxtimes$	\$	999,935,000
	Other (specify): Shares		\$				\$	
			\$				\$	
	Column Totals		\$			$\boxtimes$	\$	999,935,000
	Total payments Listed (column totals added)			☒	\$	99	9,935,	000
	D. FEDERAL SIGNAT	URE						
CO	is issuer has duly caused this notice to be signed by the undersigned duly authorized per institutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Con the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	rson. If this nmission, u	notice is fil pon written	ed under request	Rule :	505, the	follow	ving signature nation furnished
	uer (Print or Type) Signature pridian Diversified Fund, Ltd.	711	SV	nt	7 <sup>Da</sup>	te / C	1/1	1/66
By By	me of Signer (Print or Type)  : Meridian Diversified Fund Management, LLC, Investment Manager  : Meridian Capital Partners, Inc., Managing Member  : Laura K. Smith	•			•			
	· · · · · · · · · · · · · · · · · · ·							· ·

### **ATTENTION**

	E. S	STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject provisions of such rule?	to any of the disqualification Yes No
	See Appendix, Col	umn 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any (17 CFR 239.500) at such times as required by state law.	state administrator of any state in which this notice is filed a notice on Form D
3.	The undersigned issuer hereby undertakes to furnish to the	state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar Exemption (ULOE) of the state in which this notice is filed ar of establishing that these conditions have been satisfied.	with the conditions that must be satisfied to be entitled to the Uniform limited Offering and understands that the issuer claiming the availability of this exemption has the burden
	ssuer has read this notification and knows the contents to be true rized person.	and has duly caused this notice to be signed on its behalf by the undersigned duly
	r (Print or Type) lian Diversified Fund, Ltd.	Signature
Name	of Signer (Print or Type)	Title of Signer (Print or Type)
By: M	leridian Diversified Fund Management, LLC, Investment Manager leridian Capital Partners, Inc., Managing Member aura K. Smith	Managing Director - Operations

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				АРІ	PENDIX			,			
1	2 3 4								5		
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)						
State	Yes	No	Ordinary Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL					<u> </u>		<u> </u>				
AK	<del></del>		<del></del>		<del></del>						
AZ	<del></del>		<del></del>								
AR		x	\$1,000,000,000	1	\$1,000,000	0	\$0		х		
CA	<del></del>										
СО		x	\$1,000,000,000	2	\$12,712,366	0	\$0		х		
СТ		X	\$1,000,000,000	1	\$2,500,000	0	\$0		×		
DE											
DC											
FL		х	\$1,000,000,000	3	\$4,487,182	0	\$0		×		
GA	-	x	\$1,000,000,000	1	\$5,247,187	0	\$0		×		
н											
ID									<u> </u>		
IL		×	\$1,000,000,000	5	\$16,200,000	0	\$0		×		
IN .				_					<u> </u>		
IA		×	\$1,000,000,000	1	\$2,700,000	0	\$0	<u> </u>	×		
KS											
KY		×	\$1,000,000,000	1	\$1,700,000	0	\$0		×		
LA		×	\$1,000,000,000	13	\$68,761,087	0	\$0		×		
ME											
MD		х	\$1,000,000,000	1	\$7,977,805	0	\$0		х		
MA		х	\$1,000,000,000	7	\$11,545,033	0	\$0		х		
MI		х	\$1,000,000,000	3	\$13,395,000	0	\$0		х		
MN											
MS		х	\$1,000,000,000	3	\$7,676,540	0	\$0		х		
МО		x	\$1,000,000,000	1	\$100,000	0	\$0		Х		
МТ									<u> </u>		
NE					<u> </u>						
NV								<u> </u>			
NH		x	\$1,000,000,000	1	\$2,600,000	0	\$0		X		
NJ		×	\$1,000,000,000	1	\$2,000,000	0	\$0		×		

		•		AP	PENDIX					
				Т				<del></del>	<u>-</u>	
1	;	2	3			4		5	<b>,</b>	
	to non-ad	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Ordinary Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NM										
NY		х	\$1,000,000,000	9	\$24,376,051	0	\$0		х	
NC		х	\$1,000,000,000	4	\$15,652,500	0	\$0		х	
ND			<del></del>				-			
ОН		×	\$1,000,000,000	1	\$3,808,670	0	\$0		×	
ОК										
OR		×	\$1,000,000,000	1	\$7,000,000	0	\$0		х	
PA		×	\$1,000,000,000	5	\$19,807,000	0	\$0		х	
RI										
sc										
SD	!									
TN		х	\$1,000,000,000	2	\$3,500,000	0	\$0		×	
TX		×	\$1,000,000,000	3	\$8,100,000	0	\$0		×	
UT										
VT										
VA							_			
WA							<u>-</u> -			
wv										
WI										
WY										
Non- US										